

# Candidate Intention Statement

Type or Print in Ink.

Check One: ☒ Initial ☐ Amendment (Explain) \_\_\_\_\_

Date Stamp

CANDIDATE INTENTION STATEMENT

**CALIFORNIA**  
**FORM** **501**

For Official Use Only

## 1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Hovanessian, Vahe

DAYTIME TELEPHONE NUMBER

( 818 ) 606-4486

FAX NUMBER (optional)

( )

E-MAIL (optional)

vahehovanessian@yahoo.com

STREET ADDRESS

2429 North Reese Place

CITY

Burbank

STATE

CA

ZIP CODE

91504

OFFICE SOUGHT (POSITION TITLE)

School Boardmember

AGENCY NAME

Burbank Unified School District

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County:

City of Burbank, California

(Name of Multi-County Jurisdiction)

2015

(Year of Election)

## 2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

2015

(Year of Election)

Primary/general election

Special/runoff election

(Year of Election)

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_\_/\_\_\_\_/\_\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On \_\_\_\_/\_\_\_\_/\_\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

## 3. Verification:

I certify under penalty of perjury under the laws of the State of California that the information furnished is true and correct.

Executed on October 27, 2014  
(month, day, year)

Signature \_\_\_\_\_